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CONCERN WORLDWIDE
Bangladesh

Entry Grant Final Report
(October 1998 – September 2000)

Child Survival Program
(Funded by USAID/BHR/PVC)

Health and Nutrition Department
Concern Bangladesh

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Acronyms

AI	Appreciative Inquiry
AIM	Asian Institute of Management
ANC	Antenatal Care
ARI	Acute Respiratory Infection
ACPR	Associates for Community and Population Research
AFHR	Associates for Family Health Research
BASICS	Basic Support for Institutionalizing Child Survival
BBS	Bangladesh Bureau of Statistics
BCC	Behaviour Change Communication
BOLD	Building Organization for Lasting Development
BDHS	Bangladesh Demographic and Health Survey
BRAC	Bangladesh Rural Advancement Committee
CB	Concern Bangladesh
CDD	Control of Diarrhoea Disease
CCI	Community Capacity Indicator
CHV	Community Health Volunteer
CS	Child Survival
CSP	Child Survival Program
CSTS	Child Survival Technical Support (Calverton U.S.)
CHP	Community Health Promotion
CW	Concern Worldwide
DIP	Detailed Implementation Plan
DMA	Data Management Aid
DPT	Diphtheria, Pertussis, Tetanus
EDD	Expected Date of Delivery
EG	Entry Grant (30/9/'98 - 29/9/2000)
EOC	Essential Obstetric Care
EPI	Expanded Program of Immunization
ESP	Essential Services Package
FGD	Focus Group Discussion
FP	Family Planning
FPAB	Family Planning Association of Bangladesh
FT	Field Trainer (Concern CSP)
FWV	Family Welfare Visitor
GDP	Gross Domestic Product
GoB	Government of Bangladesh
HBMR	Home Based Maternal Records
HHRAA	Health and Human Resources Analysis for Africa
HICAP	Health Institution Capacity Assessment Process
HID	Health Issue Days
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HP	Health Promotion
HPSP	Health and Population Sector Programme

HR/D	Human Resource/Development
ICDDRB	International Center for Diarrhoeal Disease Research, Bangladesh
ICI	Institutional Capacity Indicator
IEC	Information, Education, Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IOCH	Immunization and Other Child Health Project
JSI	John Snow Incorporation
KAP	Knowledge, Attitude and Practice
KPC	Knowledge, Practice and Coverage Survey
LAMB	Lutheran Aid to Medicine in Bangladesh
LFA	Logical Framework Analysis
M+E	Monitoring and Evaluation
MBBS	Bachelor of Medicine and Bachelor of Surgery
MCHC	Maternal and Child Health Care
MCWC	Maternal and Child Welfare Centre
MO	Medical Officer
MHC	Municipal Health Committee
MIS	Management Information System
MNT	Measles and Neonatal Tetanus
MOHFW	Ministry of Health and Family Welfare
MOLGRDC	Ministry of Local Government, Rural Development and Cooperatives
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
NGO	Non-Government Organization
NID	National Immunization Days
NIPHP	National Integrated Population and Health Program
NNT	Neonatal Tetanus
NP	Northern Programme (Concern Rajshahi division)
ODU	Organizational Development Unit (CB)
OJT	On Job Training
OPV	Oral Polio Vaccine
P	Parbatipur (Concern CSP)
PP	Private Providers
PHC	Primary Health Care
PLA	Participatory Learning and Action
PVO	Private Voluntary Organization
RA	Research Assistant (Concern CSP)
READ	Research Evaluation Associates for Development
RH	Reproductive Health
RO	Research Officer (Concern CSP)
RMO	Residential Medical Officer
RMP	Rural Medical Practitioner
RTI	Reproductive Tract Infections
S	Saidpur (Concern CSP)
SDK	Safe Delivery Kit

SEARO	South East Asia Regional Office
STD	Sexually Transmitted Diseases
STD	Sexually transmitted Diseases
SWOT	Strengths, Weaknesses, Opportunities, Threats
TB	Tuberculosis
TBA	Traditional Birth Attendant
THC	Thana Health Complex
THFPO	Thana Health and Family Planning Officer
TL	Team Leader (Concern CSP)
TO	Training Officer (Concern CSP)
TOR	Terms of Reference
TOT	Trainer of Trainers
TLMB	The Leprosy Mission Bangladesh
TT	Tetanus Toxoid
UFHP	Urban Family Health Partnership
UNICEF	United Nations Children's Fund
USAID/BHR/PVC	United States Agency for International Development/ Bureau of Humanitarian Response/ Private Voluntary Cooperation
WASA	Water and Sanitation
WHC	Ward Health Committee
WHO	World Health Organization

Glossary of Terms and Definitions

Bengali	Original Bangla speaking inhabitant of Bangladesh
Bihari	Urdu speaking minority ethnic group, originally from Bihar in India, and now domiciled in Bangladesh
COSAS	Computer program used to analyze data of EPI coverage for validity check
Dia/s	Traditional Birth Attendant/s (TBA)
Fakir	Islamic ascetic
Homeopathic doctor	Practices homeopathy- treating with small amounts of substances that cause symptoms similar to the disease
Imam	Islamic minister who leads religious services in the mosque
Kabiraj	Traditional physician who deals in/uses herbal medicine for treatment. Some also perform exorcisms.
Moulavi	Muslim holy man/religious teacher
Paurashava	Municipality in Bangla
Quack doctor	Untrained/trained Rural Medical Practitioners(RMPs)
RMP	In Saidpur there are 2 types- trained and untrained Rural Medical Practitioners. Trained doctors have completed RMP training. Untrained have no academic background. They formerly worked as health assistants in the Railway Hospital.
Taka	Bangladesh currency - TK. $US 1 = TK 59 (October 2000)
Thana	Administrative rural sub-district
Ward	Administrative division of a municipal/urban area

EXECUTIVE SUMMARY

A. BACKGROUND

Concern Bangladesh's Health and Nutrition Program secured a USAID/BHR/PVC Child Survival Entry Grant in 1998 ($298,217), for a period of 2 years (30/9/'98- 29/9/2000) to implement a 'Child Survival Program' (CSP) in two municipalities of the country. With a 29.55% cost sharing from Concern Worldwide USA ($125,077) the total appointed budget was $ 423,294 for the first two-year period.

In accordance with Concern Bangladesh's strategic plan Concern aims at serving more people who live in absolute poverty or those who are vulnerable in Bangladesh society. Capacity building and institutional learning through partnership are the main themes of the Child Survival Program. Through this partnership, Concern seeks to increase it's own and its partners' organizational capacities to implement Child Survival Program.

B. PEOPLE, BANGLADESH URBAN HEALTH CARE SYSTEM AND THE PROGRAM AREAS:

The total area of Bangladesh is about 148,393 square kilometers. Bangladesh is highly vulnerable to natural disasters, -flooding and cyclones in particular. Less than twice the size of New York state, Bangladesh is currently home to more than 120 million people, over half of whom live in poverty. Infant and child mortality and morbidity rates are significantly higher than the regional averages. In the larger cities, up to 40% of the population live in slums.

According to the Pourashava (municipality) Ordinance of the People's Republic of Bangladesh 1977(revised July '98), health and family welfare service delivery will now be managed by the Pourashava authorities. This decision was taken without assessing the resources and capacity of the Ministry of Local Government and Rural Development (MOLGRD) who under the ordinance are now the responsible body for providing Primary Health Care services in the municipality areas however. The Ministry of Health and Family Welfare (MOHFW) has long been a leading health service provider, having a good health infrastructure in village based rural Bangladesh. With rapid urban population growth which runs around 6 percent per annum, and fast expanding slums, municipalities are facing difficulties in coping with the increasing demand for health services. Thus the need for partnership and a strong co-ordinated plan of action. Concern Bangladesh CSP has formed partnerships with Saidpur and Parbatipur municipalities in order to facilitate them in their new service delivery role.

Both the projects are located in the Rajshahi division. Saidpur is a "A" grade and Parbatipur is a "B" grade municipality. The highest grade of municipality in Bangladesh is A+. The total population of Saidpur is 163,503 with an area of 34.42 sq.km,. Population density is high with more than 10,000 people per ward. Target groups in Saidpur include a Bihari population of 46%, 32 Bihari and Bengali slum areas including 3 "sweeper colonies", and "floating populations" including sex workers, street children and urban migrants. Parbatipur is located just 16kms away from Saidpur. The municipal area is 9.5 sq. km. The population of Parbatipur is estimated at 40177, with around 5000 residents per ward. Target groups in Parbatipur include poor Bengali

families, 2 sweeper colonies, cobbler communities and 1200 Bihari residents. There are 7 slum areas of up to 10000 people. Total number of direct beneficiaries of CSP in both the locations are (under 5's and women 15 - 45 years) : 73,613.

C. GOAL, OBJECTIVES, INTERVENTIONS, STRATEGIES AND OUTPUTS

Program Goal [1]

The ultimate goal of the project is to develop a sustainable and comprehensive Municipality Health Service in Saidpur and Parbatipur.

Program Purpose

To strengthen the municipality's capacity to deliver specific child survival activities which are of good quality and can be sustained within the existing health service providers' resources.

Program Interventions are:

1. Immunization
2. Vitamin A
3. Maternal and Newborn Care
4. IMCI (Integrated Management of Childhood Illnesses - ARI, diarrhea, malnutrition)
5. Community Health Promotion

Program Approach and Strategy: Three main strategies are considered important in this approach

1. To develop the *management capacity* of municipality managers and supervisors via training, facilitation, and participatory planning exercises and meetings.
2. To develop the *technical capacity* of the municipality staff on selected Child Survival activities via training and workshops, on-the-job mentoring, and with the development of a staff support system.
3. To strengthen the municipality's *community approach* through training, facilitation and supporting health committees resulting in a community based health promotion process.

Program outputs: There are five Program Outputs:

- A developed Municipality Health Planning and Management System.
- Institutionalized and well managed activities (on selected interventions as above).
- A sustainable Community Health Promotion System,
- competent and independent Municipality staff and supervisors.

D. Major accomplishments of the Entry Grant period:

Major accomplishments can be described under the following headings:

- Program initiation
- Baseline assessment and other relevant research
- Supporting management and technical issues pertinent to CSP
- Supporting community involvement and promoting BCC.
- Collaboration with stake holder and networking

[1] Goal and Purpose and some of the outputs have been changed in DIP following recommendations from the DIP reviewers and operational partners in municipalities

- Concern staff development
- DIP preparation

1. Program initiation: A great deal of effort has been channeled towards orienting the municipalities on the whole concept of partnership. Initial activities focused mainly on development of mutual understanding, trust, rapport and clarity about mutual roles and responsibilities. These have helped develop a foundation to initiate joint planning and implementation of the CSP activities in both municipalities. Following are the highlights about the key activities:

- joint signing of Memorandum of Understanding (MOU) with the municipalities
- Important meetings with partners and key stakeholders at both project and at national level- Bangladesh USAID mission , IOCH/MSH,JSI etc.
- Advocacy /institutional meetings at national and regional levels.
- Introduction and role clarification meetings with municipality counterparts.
- Concern CSP staff recruitment, orientation and training

2. Baseline assessment and other relevant research: A number of assessments and relevant operations researches in preparation for the DIP have been conducted in a participatory manner involving municipal health staff and managers, participating populations, relevant stakeholders and Concern CSP Teams at Saidpur and Parbatipur. These are:

- Ward profile compilation
- Stakeholder analysis
- Knowledge, Practice and Coverage (KPC) surveys
- Municipal Health Institution Capacity Assessments (HICAP)
- Participatory Learning and Action (PLA) studies
- EPI facility assessment

3. Supporting management and technical issues pertinent to CSP:

- Need based institutional training to municipal health managers and staff on management and technical issues.
- On the job field support to municipal staff on quality service delivery, better management of services and on community mobilization
- Supporting health managers to take management initiates.
- Support to strengthening municipalities' health monitoring system
- Management support coordination

4. Supporting community involvement and promoting BCC:

- Community health resources(institutions and individuals) identified
- TBAs, volunteers are trained and RMPs, teachers, MBBS doctors are oriented
- Community based Ward health committees and municipal central health committee formation is under process.
- A referral and linkage system among the health resources and institutions is under establishment
- Support to local clubs and NGOs to observe special health days and issues
- Folk songs, Wall paintings, billboards and cinema slides have been prepared and used as part of health promotion process.

5. **Collaboration with stakeholder and networking:** With national, Local and community level organizations. USAID Dhaka mission, MOLGRD, MOHFW, IOCH/MSH, UFHP/JSI, Research organizations, CSTS, CORE and Macro International.

6. **DIP preparation**

Following USAID/BHR/PVC guideline, a four-year (1 October 2000 – 30 September 2004) DIP was prepared and submitted to USAID in December 1999. In preparation of the document, baseline research findings and recommendations were considered. Involvement of the CSP staff, municipality managers and staff, MOHFW representative, Community representatives were ensured. Technical and Financial/administrative backstops from Concern USA also visited the country program and provided necessary guidance and support to the team in preparation of the DIP.

Following submission of the DIP in December 99,it was reviewed by the USAID/ BHR/PVC. As per the comments provided by the reviewers, the EIP was revised and finally submitted in August 2000.

E. CHALLENGES FOR CSP AND FUTURE PLAN:

The challenges to be met by the CSP in the following years are:

- Getting an endorsement from MOLGRD for CSP to work uninterruptedly in the municipalities keeping aside the program from any political disruptions.
- To continue networking and advocacy with national level stakeholders to put pressure on MOLGRD to strengthen its health wing and arrange financial allocation for municipal health services.
- To mobilize municipal authorities to increase their financial allocations for the health service.
- To mobilize municipal authorities to appoint Medical Officers and necessary health staff / regularize salaries and positions to strengthen municipalities capacities to meet the demand of the people.
- Attempts to be made to improve the quality of services provided by the referral sites i.e. MOHFW although they are not under the jurisdiction of municipal authorities.
- Establishing a TBA referral, supervision and monitoring system will be another challenge for the CSP.
- Improving the quality of work of the private providers especially of RMPs and bringing them under municipal supervision will also be a challenge for CSP.

For the first year of DIP, efforts will be made on municipal staff development and training, support to national polio eradication activities, TBA and Volunteer training, municipal MIS system improvement and TBA supervision, monitoring and referral system development. Training workshops will be organized for teachers, Imams, traditional healers and RMPs aimed at utilizing them in health promotion process. Formation of remaining ward health committees and institutionalize municipal central health committee's activities will be strengthening. Stakeholder workshop and seminar for sharing of lessons learned, local and national level advocacy for municipal/MOLGRD health policy and system improvement, exchange for learning visits for municipal authorities, and policy orientation workshop for the municipal committees are the other activities to be conducted at this period. Operations researches on TBAs

role, Municipal MIS and training assessments and impact of training in the program will be undertaken. Field Trainers will continue providing support to municipal staff in health activity planning, management and monitoring, and their technical skills and community approaches for health promotion through a mentoring and on-the-job support role.

1. BACKGROUND

1.1. Introduction

Concern Bangladesh's Health and Nutrition Program secured a USAID Child Survival Entry Grant in 1998 ($298,217), for a period of 2 years (30/9/'98- 29/9/2000) to implement a 'Child Survival Program' (CSP) in two municipalities of the country. With a 29.55% cost sharing from Concern Worldwide USA ($125,077) the total appointed budget was $ 423,294 for the first two-year period. The original two municipalities selected were Mymensingh and Saidpur. Concern Bangladesh regrettably withdrew from the Mymensingh CSP at the end of Year 1 Entry Grant period on 29/9/99, following discussions with USAID Washington's-CSP Program Officer and Concern's Administration and Technical Advisers there. **For full details of events to date see the CSP First Annual Report (Oct.'98 - Sept. '99).**

A process to select another municipality was initiated immediately after the withdrawal from Mymensingh. Following investigations in four different locations it was finally decided to start in Parbatipur municipality and the program began there in early November 1999.

In accordance with Concern Bangladesh's strategic plan Concern aims at serving more people who live in absolute poverty or those who are vulnerable in Bangladesh society. Capacity building and institutional learning through partnerships are the main themes of the Child Survival Program. Through these partnerships, Concern seeks to increase it's own and its partners' organizational capacities to implement Child Survival Program.

1.2. Country Profile

Bangladesh is a small low-lying country in the South Asian plain and is situated in the largest delta in the world. The total area of the country is about 148,393 square kilometers. India surrounds it in the North, West and East but it also shares a Southeastern border with Myanmar (Burma). Bangladesh is highly vulnerable to natural disasters, - flooding and cyclones in particular. Bangladesh suffered it's worst flooding in over a century during September 1998.

i. The People:

The current population is estimated to be around 125 million. The population density is 935 people per sq. km, making it one of the most densely populated countries in the world. With a fertility rate of 3.2 and a current growth rate of 1.8%, Bangladesh's projected population is 189 million by 2030(World Bank '99). Fertility rates are declining, but 45% of the population is under 15 years old. Recent statistics show that 49.7% of urban and 47.1% of rural people live in conditions of absolute poverty·

Bangladesh currently occupies a rank of 146 out of 174 countries in terms of HDI-Human Development Index (UNDP '00), a decline from it's position of 144 in 1997, and currently the lowest in Asia. Six and half million children (5 to 14 years) are involved in child labor (Bangladesh Bureau of Statistics 1996). About 45% of the total population are under 15 years. 39% of the total labor workforce are women (UNDP '96).

ii. Health & Nutrition Situation of Bangladesh – An Overview

Facts at a glance:

- Mortality/morbidity statistics are higher than regional averages (UNICEF & UNDP 2000).
- The Under 5 mortality rate is 106 and IMR is 79(UNICEF 2000).
- The risk of infant deaths in the first month of life (48/1,000) is greater than during the next 11 months (31/1,000).
- Low birth-weight babies account for 50% of all births
- 56% of under-5 children are underweight (ibid.).
- The major causes of under five mortality are respiratory infection, diarrhea, vaccine preventable diseases especially measles, and all are complicated by chronic malnutrition.
- Reported maternal mortality is 440 per 100,000 live births (UNICEF '99) and estimated at 850 (World Bank '99).
- The prevalence of anemia among pregnant women is 53% (ibid.).
- The chief causes of maternal mortality are low attendance for antenatal services and untreated eclampsia, delayed referral with hemorrhage or prolonged labor, and risk delivery and postnatal practices of untrained birth assistants.
- Even in urban Bangladesh, almost 75% of births still occur at home (BDHS '97).

Access to health services is inadequate especially for the poor with 3,208 persons per hospital bed and 5, 064 per physician. Although public health services are almost free, the quality of services is very poor. The quality of care in private sector is also poor and in most cases, not affordable to the majority. Financial constraints and cultural inhibitions accompanied by poor quality of services at health facilities are important determinants for less uptake of government/formal health services with most people seeking treatment primarily from private and traditional providers. Drug stock-outs at MOHFW service facilities is also a major factor for client's de-motivation.

Gender discrimination and gender disparities are prevalent in the area of health care in Bangladesh. Bangladesh is one of the few countries in the world where the average life expectancy of women is less than that of men - 56.7 years for women and 58.1 years for men (Kabir 1998). Mortality among children aged 1 - 4 years is 23%, higher for girls than boys. Female babies are breast-fed for a shorter period of time, and the incidence of malnutrition is higher among girls than boys, and women than men (UNDP'96). UNICEF data finds that more boys than girls are treated at health centers. Girls are more likely to receive home treatment (ibid.). Health care is sought for more male neonates than females (Ahmed et al '98).

1.3. Bangladesh Urban Health Care System

In Bangladesh the MOHFW is responsible for the provision of primary health care services in rural areas, while the municipality or City Corporation, under the Ministry of Local Government (MOLGRD) is responsible in urban areas. In most municipalities the staff employed for health service delivery have no formal health background.

There are 209 municipalities in Bangladesh. The Municipal Chairman and Ward Commissioners are democratically elected for a five-year term. Municipalities are heavily dependent on central government fund and personnel. Property tax is their main source of revenue, but collection is insufficient and many municipalities are experiencing serious financial crisis (Saidpur Workshop-Sept.'99).

In absence of a sound health infrastructure, PVOs, both local and international, are contributing significant resources to the urban health services. The majority of PVOs work in co-operation rather than partnership with the local authorities. This methodology has some basic problems such as: non-sustainability, the projects are not developed on an economy of scale, and the service is of higher quality than the government service (leading to a negative attitude towards government services and dependence on PVOs among the community). This problem can only be resolved by developing the capacity of the municipality, rather than supplementing their health services through creating a parallel system.

1.4. Saidpur Municipality– A Brief Overview

Saidpur Thana municipality, established in 1958 and now divided into 15 Wards is 8-9 hours drive from Dhaka. It is the oldest and largest municipality in the Nilphamari area with an area of 34.42 sq.km. Saidpur has recently been reclassified as an "A grade" municipality. The highest grade of municipality in Bangladesh is classified as A+.

Saidpur Municipality area with a current population of 163,503 is Concern's target location. Population density is high with more than 10,000 people per ward. There are 20 elected Ward Commissioners (peoples' representatives), 15 men and 5 women in Saidpur. Although there is mention about Ward Committees in Pourashava ordinance, in reality it never existed.

The Municipal Health Team is responsible for urban health, i.e. provision of primary health services in the municipal area. The recently created Medical Officer's post is currently vacant. An EPI Supervisor is in charge.
Two MOHFW Thana Health Complex staff members (Family Welfare Assistants) support municipal staff with the urban EPI Program. Saidpur Municipal Health Team (total of 1+ 21 + 2) are Concern's operational partners for implementation of the Child Survival Program. There are 5 fixed EPI centers, and 40 outreach centers including slum sites in town.

Target groups in Saidpur include a Bihari[2] population of 46%, 32 Bihari and Bengali slum areas in total, including 3 "sweeper colonies", and "floating populations" including sex workers, street children and urban migrants. Brothels were forcibly closed by the local authorities two years ago, and vulnerable "floating sex" workers now inhabit public buildings around the railway station.

[2] Urdu speaking minority ethnic group, originally from Bihar in India, and now domiciled in Bangladesh since independence of India and Pakistan from British rule (1947)

Some still operate from "open hotels", and the total number of sex workers is estimated at between 300 - 400 young women. Saidpur thana is the highest endemic area for leprosy in the northern region. Some of the leprosy victims are homeless.

1. 5. Parbatipur Municipality- A Brief Overview

Parbatipur is a "B grade" municipality, now divided into 9 Wards and is located just 16kms away from Saidpur. The municipal area is 9.5 sq. km. The population of Parbatipur is estimated at 40177, with around 5000 residents per ward. There are 12 elected Ward Commissioners (9 men and 3 women). The Municipal Health Team has 1 Health Assistant (who is acting Supervisor) and 3 EPI workers. Total staff number is 4, each charged to an old ward area for EPI purposes, but with 2 allocated to the ward with biggest geographic area (has two sections). Medical Officer and Sanitary Inspector positions are currently vacant. The Municipal Health Team is supported by 10 staff from the MOHFW Thana Health Complex. The team manages 32 EPI outreach centers. There is no fixed EPI Center. Target groups in Parbatipur include poor Bengali families, 2 sweeper colonies, cobbler communities and 1200 Bihari residents. There are 7 slum areas of up to 10000 people.

Parbatipur, being a major Railway Junction, provides links with Saidpur to the north, Rajshahi and Khulna to the south, Dinajpur to the west, and Dhaka to the south-east.

In both Saidpur and Parbatipur there is no other health structure managed by the municipal authority-health department. Municipal health reports are sent to the Chairman's office and the Thana Health Complex firstly, and then on to the MOHFW Civil Surgeon's office in the district. Many of the poorest families and floating population reside close to the railway stations, where problems of drug abuse, prostitution, child trafficking and smuggling are rapidly increasing as commercial activity increases. Numbers swell at evening time. Street selling is buoyant, and Kabiraj (herbal medicine sellers) and Moulavi or Fakir (traditional healers) attract large audiences of men and young children with their tricks, stories, songs and interesting medicinal potions. Women are notably absent at these public gatherings.

2. GOALS, PURPOSES AND STRATEGIES

Program Goal
The ultimate goal of the project is to develop a sustainable and comprehensive Municipality Health Service in Saidpur and Parbatipur.
Program Purpose
To strengthen the municipality’s capacity to deliver specific child survival activities which are of good quality and can be sustained within the existing health service providers’ resources.

The **strategies**, which are ‘central’ towards the achievement of this goal, are to:

1. Develop the management capacity of the municipalities’ health department through training and facilitation.

2. Develop the technical capacity of the municipalities on selected Child Survival activities through training, monitoring and a municipality staff support system.
3. Strengthen the municipalities' community approach through training and facilitation.

Saidpur and Parbatipur municipalities are responsible for implementation of the programs, while Concern Bangladesh is responsible for institution of good technical and management practices which can endure beyond Concern's support.

3. INTERVENTION AND ACTIVITIES AS OUTLINED IN THE ENTRY GRANT PROPOSAL

The entry grant CS interventions that had been planned under this program and their relative program investments are given below.

Interventions	Program Investment
Expanded Program on Immunization (EPI) (Children <1 and women of reproductive age)	14%
Vitamin -A	14%
Integrated Management of Childhood Illnesses (IMCI)	20%
Safe delivery	25%
Community Health Promotion	27%

These interventions are considered to be 'vehicles' for improving the capacity of municipal health department. It is envisioned that over the time with the emergence of new health problems, health and child survival priorities and challenges in the country would change. It is believed that even in that changed situation municipalities would remain capable of facing new challenges once, through this partnership program, their confidence and capacities are improved.

3.1. EPI and Vitamin -A

Although the Crude coverage for EPI and VIT-A in the country as a whole has been reported to be at a considerably satisfactory level, the issue of the quality and efficiency of the services always have been a question. Concern through its CS Program has been trying to address the issue of

- Improving quality of care both at outreach and fixed (institution) centers
- Increasing the demand and participation in availing the services
- Improving both management and technical skills of the service providers
- Establishing functional coordination between municipality and other relevant stakeholders both in Government and NGOs for sustained cooperation

3.2. Integrated Management of Childhood Illnesses (IMCI)

Throughout the world IMCI is a new approach for treating sick children. In Bangladesh it has recently been adopted at the national level and being gradually taken down to the field for implementation. Basic structure and instrument (i.e. clinical case management protocol) for

delivering IMCI is yet to be ready. Concern CSP assists the municipalities establish a mechanism for effective adoption and implementation of 'community -IMCI' through

- Orientation and training of municipal staff on community IMCI through improving their facilitation and community education (i.e. health education) skills
- Orientation of mothers and care takers on early identification of danger signs and correct referral for childhood diseases
- Orientation and training of informal/traditional service providers for early diagnosis, basic treatment following the standard protocol and prompt referral to appropriate centers.

Concern has been an active member in the adaptation of the IMCI initiative within Bangladesh at national level. The program Manager and the Development Officer are key members of the national adaptation committee.

3.3. Safe Delivery

Research has shown that TBA training can reduce morbidity and mortality if two pre-conditions exist:

- a strong and effective referral link with the local maternity institutes that can correctly manage obstetric emergencies.
- A follow up supervision and support system including on the job support, periodic review and refresher training.

The objective of this intervention in CSP is to develop a safe delivery initiative between community and first level of service providers through

- Raising community awareness for care during pre and post delivery period and selecting trained personnel for delivery and perinatal care
- Developing minimum acceptable skills of the informal/traditional birth attendants for safe delivery, post natal care and baby care
- Ensuring capacity of the TBAs for timely and appropriate referral

3.4. Health Promotion

Sound health practices will become a common norm if they are perceived by all sections of the population as beneficial to themselves. Health services are more acceptable to a population if they are of good quality and their benefits are well explained. The health promotion strategy of CSP aims at

- Developing a sustainable community health promotion mechanism through developing the skills of municipal and informal health service providers as community health promoters/educators and linking them to different community based fora/groups (e.g. mothers groups, clubs etc.) as potential platform for providing health education.
- Improving the level of knowledge and attitude towards sound health practice among the community mothers and caretakers

Both the above strategies will lead to improved health practices at family level, increase in the number of timely and appropriate referral and increase in the uptake of services available for them.

4. PROGRAM ACCOMPLISHMENTS

In the Entry Grant proposal review meeting at USAID in July 1998 Concern was informed that the quantitative targets set for the two year period were very ambitious and recommended that Concern focuses on developing a full "4 year Detailed Implementation Plan (DIP)" during the entry grant period rather than trying to achieve all those ambitious targets. Accordingly many of the activities and targets of the EG proposal were discussed and reviewed with the partners. Although efforts were made to reach the targets and out puts set in the entry grant proposal, attention was concentrated mainly towards performing the activities which directly or indirectly contribute to the preparation of DIP and in attaining long term objectives of the program. A summary of the program performance against the entry grant log frame and a list of activities conducted as per plan is described in the program performance monitoring section.

This section of the report envisages providing an overall picture of the efforts made to date under following sub-headings, their consequences and to attempt to draw conclusions as to where they will lead the program in the coming future.

- Program initiation
- Baseline assessment and other relevant research
- Supporting management and technical issues pertinent to CSP
- DIP preparation

4.1. Program Initiation

As described earlier in this report that Concern started its CSP first in Mymensingh and Saidpur municipalities in 1998. Despite all possible efforts, Concern was unable to build a good working relationship in Mymensingh municipality. Although it started quite well at the beginning, due to a variety of reasons, the project became very much politically victimized following the municipal election in February 1999. Twenty-two out of twenty eight ward commissioners of Mymensingh municipality were newly elected which led to a complete shift of municipal cabinet from one political party to another (Bangladesh Nationalist Party (BNP) to Awami League). Following the change in the cabinet, the program faced strong resistance from a few of the influential commissioners. Ultimately it reached such a critical stage whereby Concern Bangladesh had to withdraw CSP from Mymensingh (for details, please see Annual report 1998-99) in September 1999 and shifted it to Parbatipur municipality.

During the entry grant period, a great deal of effort was directed towards orienting municipal authorities and staff about the whole concept of "partnership", municipality's role as health service provider and to initiate joint planning and implementation of CSP activities. Many of the initial activities that had to be done during the entry grant period had not been well anticipated during the development of the CSP action plans and accordingly were not planned with due time allocation. These activities turned out to be logical steps and essential elements towards the development of mutual understanding, trust, rapport and clarity concerning mutual roles and

responsibilities, which are vital for any partnership program, like CSP. This process of orientation and mobilization of the partners was time consuming but invaluable to the smooth operation of CSP. CSP staff also put much effort to initiate entry into the community, gaining in-depth understanding of municipal structure and discovering unexplored mechanisms built in within the social and traditional practices to support CSP.

The following are some highlights about the key activities performed in Saidpur and Parbatipur (also to a large extent in Mymensingh during first year of entry grant period) at the early stage of the program. For details, please see annex- II

- Joint signing of a Memorandum of Understanding (MOU) took place between Concern Bangladesh and firstly with Saidpur and Mymensingh municipalities in 1998 and subsequently with Parbatipur municipality in October 1999 following withdrawal from Mymensingh.

- A number of orientation and advocacy meetings were arranged in both the Municipalities to explain the needs and roles of CSP to different sections of peoples which includes
    - Municipal staff and elected representatives,
    - Government health and family welfare department (MOHFW) staff at thana and district levels,
    - Government administration and rail department,
    - Indigenous or traditional health practitioners (TBAs, Traditional Healers),
    - community people, young volunteers and youth clubs (scout members), local elite and community representatives (school teachers, religious leaders)]

- Similar meetings with other stakeholders at national (local USAID mission, IOCH, MOHFW, MOLGRD, ICDDR,B) and program level (IOCH, UFHP/JSI, other NGOs and health and social service providers, e.g. LAMB hospital, leprosy mission) for technical and management support and to improve CSPs acceptance and recognition at relevant levels (i.e. MOLGRD) were held.

- Intensive orientation of the CSP staff at program and country office level on every detail of CSP mission and working strategy through orientation and workshops in order to make them adequately resourceful to facilitate the capacity building interventions in the targeted municipalities.

4.2. Baseline Assessments And Other Relevant Research[3]

4.2.1. Studies Conducted

Following studies were conducted during the entry grant period (for details, please see study reports annexed to DIP)

[3] All study reports were appended to the DIP during its submission to USAID/BHR/PVC. However, these reports in full or part can be made available on request.

i) Ward Profile Compilation: Concern CSP staff together with their municipal counterparts developed municipal 'ward profile' for both the Saidpur and Parbatipur municipalities which includes :

- ward specific information important for developing area specific CSP strategies and activities
- demographic information, number of organizations providing health services with their names, specific intervention by area and strategy,
- other important institutions (i.e. schools,) key personnel
- Updating of ward maps and population

The outcome of this exercise was not limited only to the collection of the above mentioned information, rather it helped both the Concern and municipality staff in getting a practical experience about their own working area, basic skills of mapping and surveying the community, building rapport with different institutions (social and health) where they had to visit in order to plot them in the maps. All these were invaluable in facilitating a harmonious relationship among Concern field trainers, municipal health staff, ward representatives (elected commissioners) and other stakeholders i.e. NGOs, government institutions, hospitals, clubs.

ii) Stakeholder Analysis: Based on the information collected through preparing Municipal Ward Profiles stakeholder analysis was conducted for both the Saidpur and Parbatipur municipalities. Using the Influence- Importance matrix this analysis was undertaken in both areas in order to coordinate and compliment efforts being made in the areas of service provision.

iii) Participatory Health Capacity Assessment (HICAP): Participatory Institutional health capacity assessments were conducted by Concern and municipality CS team in Saidpur in July '99 and in Parbatipur in March 2000. Concern Bangladesh's Organizational Development Unit (ODU) facilitated these studies using the Appreciative Inquiry (AI) methodology. Objectives were:

- To assess current institutional health capacity for delivery of municipal services,
- To facilitate municipal health mangers to identify constraints and problem priorities at institutional level,
- To determine priority training needs and to consider other appropriate actions for institutional health strengthening at municipal level,
- To identify Organizational Capacity Indicators (OCIs) for Saidpur and Parbatipur municipal level health department,
- To provide a baseline for follow-up institutional health capacity assessments which will contribute to mid-term and final evaluations.

iv) Knowledge, Practice and Coverage (KPC) Survey: Concern Bangladesh CSP team and the relevant municipalities conducted two baseline surveys on the existing status of Knowledge, Practice and Coverage (KPC) on specific child and maternal health components (EPI, Vit A, IMCI-Diarrhea, ARI, Malnutrition, Maternal and new born care and other community health situation) in Saidpur and Parbatipur. USAID survey trainers guide was used throughout the process. For details please see the KPC survey report.

v) Participatory Learning and Action (PLA) Study: Participatory Learning and Action (PLA) studies were conducted both in Saidpur and Parbatipur municipal areas to know information behind the information obtained from KPC surveys and to know community people's strengths and constraints to child survival. These studies were conducted together with the municipal staff. The aim was to begin a process of community dialogue for CSP, initiate a client led community health promotion process and to incorporate community priorities and particularly mother's concern in the DIP. Focus Group Discussion (FGD) were conducted with different community groups such as mothers, young fathers, adolescents, mother-in-law, TBAs, CHVs, RMP and MBBS doctors, involving up to more than 180 respondents in each of the municipalities.

vi) EPI Facility Assessment: In a broad sense the EPI facility assessment was done to contribute towards strategy 2 of CSP i.e strengthening of the technical and management capacity of the municipal health departments. The EPI facility assessment aimed to reveal important and interesting information concerning EPI and other CSP services delivered at EPI out reach and fixed facilities by Saidpur and Parbatipur municipalities. Tools that were adapted (from Health Facility Assessment Manual of BASICS) and used in the study are:

- Observation of the service facilities,
- Exit interviews with recipients of services (mothers/caretakers),
- Interviews with health workers,
- Assessment of the Equipment and supplies,
- FGDs with Ward Commissioners,
- Intensive interviews with local level decision makers.

Findings of the research have been utilized in the planning and reviewing of the Detailed Implementation Plan (DIP); developing appropriate training agenda and curriculum, organizing a need based service delivery system and strengthening the health promotion process in the municipality areas.

4.2.2. Major Research Findings And Their Use

i) Findings

Findings from the baseline assessments (KPCs, PLAs, HICAPs and EPI-FAs) demonstrate municipal problems on three levels in both Saidpur and Parbatipur:

Institutional level:
- poor awareness and clarification on municipal health roles and responsibilities;
- high bureaucratic control and a lack of local autonomy;
- poor infrastructure and related sector resources, particularly water and sanitation;
- financial constraints with meager health allocations from national level;

Service delivery:
- poor planning and management and a lack of delegation;
- inadequate human resources, poorly motivated staff and a weak supervision system;
- a poorly developed HMIS and reporting system;
- technical inadequacies and environmental constraints;

- low quality and low uptake of municipal area services;
- poor collaboration with MOHFW and other health service providers;
- weak health promotion and very limited attention for preventative practices;

Community level:
- low involvement and participation for health action;
- Heavy dependence of the community on non- formal/traditional health services

ii) Use of Research

The researches also rationalize the selection of particular CSP interventions for the Saidpur and Parbatipur municipalities. Based on the findings of the researches action plan was prepared jointly with the municipal health managers and staff and developed the Detailed Implementation Plan (DIP). The program also envisages that small scale purposeful, relevant and practical, participatory operational research will need to be conducted from time to time to guide the program to see

- if outputs have been achieved;
- if outputs are contributing to program purpose and goal;
- if there is improved health status and increased health service coverage;

Proposed operation researches for the DIP period are:

a. Effect of TBA training on Safe Delivery, and follow up of TBA kit use.
b. Effectiveness of Community Volunteer and non-formal leaders' involvement in Health Promotion.
c. KP(Knowledge, Practice) and the referral system of traditional service providers.
d. A review of Municipal HIS.
e. KAP assessment on training provided for FTs, Municipality and Thana support staff.

A review of the municipal HIS and role of TBAs in facilitating deliveries has already been completed in the entry grant period.

4.2.3. Dissemination And Sharing of Research Findings

Important findings of the studies were shared with the community people and municipal staff after every session (for PLA and HICAP particularly) and after the completion of each report. Two seminars, one in Saidpur and the other in Parbatipur, were conducted for disseminating findings of the studies mentioned above. The aims of holding such seminars were to orient people from different cross-sections on the health situation of the municipalities and the need for a CSP in the municipalities. An executive summary/quadrangualtion of researches was done for each of the projects separately. Objectives of the summary were to highlight the common key findings, to discuss the implications and to reflect complementary recommendations of the eight researches, to make a usable handy research document for sharing with partners and stakeholders. These reports were translated into Bangla and shared with the different actors contributing to the health and nutrition activities in the municipalities.

4.3. Supporting Management And Technical Issues Pertinent To CSP

The basic inputs to the program were training, facilitation, on the job support on technical and management related issues to municipal staff and their managers. The areas of facilitation concentrated mainly on improving quality of care, community mobilization, networking for advocacy and support, operation research and experience sharing. It also included providing limited supplies of stationery, furniture and equipment to the municipalities.

This section of the accomplishments can be shown in following heads:

- Facilitation for Municipalities' Management Capacity Building
- Facilitation for Municipalities' Technical Capacity Building

4.3.1. Facilitation for Municipalities' Management Capacity Building

Prior to commencing CSP, health had never been a priority to the municipal authority. The main attention of the municipality was to repair roads, fix streetlights, collection of holding and commercial tax etc. Although municipalities' responsibilities in the area of public and primary health care services are outlined in the Pourashava Ordinance 1977(revised July '98), it was astonishingly noticed that before CSP inquired about the Pourashava ordinance, no body in either of the municipalities had ever seen it. Health activities were traditionally limited to time to time spread of insecticides for mosquito control, periodic removal of garbage, sweeping the roads (sanitation service) etc.

It was rather difficult and time consuming to implement a program in collaboration with municipalities while the municipal authorities had very little idea on their roles and responsibilities for improvement of health of its population. In the early stages of the program much efforts were made to sensitize and orient municipal authorities on their roles for the municipal health services under Pourashava (municipality) Ordinance 1977(1998) through different meetings and workshops. Facilitation in improving management capacity of the municipalities can be showed in two broader heads:

- Training/orientation to municipal managers
- Management Initiatives

4.3.1.1. Training/Orientation To Municipal Managers (The Elected Representatives)

i) Institutional Training

CSP arranged one training and several orientation workshops for each of the Saidpur and Parbatipur Municipal representatives separately which includes Chairman and Ward Commissioners to sensitize them on health management, and on the municipality's role and responsibility in providing primary health care services for the municipal population. These training's were unique of their kind as no such initiatives had ever been taken before to acquaint them on their roles and responsibilities on issues related to health. Moreover, such training also paved the way for them to gather knowledge on their other management roles and

responsibilities as office bearers of the municipalities. Specific objectives of the training's were:

- To strengthen the capacity of the municipality for successful management of health and family planning programs within the municipality,
- To orient them on their over all management roles as detailed in the municipal ordinance as the office bearers of municipalities.
- To build commitment of the participants for taking effective actions for sustainable health program.
- Develop effective partnership between Concern Bangladesh and the municipalities.

Case study 1: Management Workshop Resulted In Created More Awareness For Health

Although municipalities are autonomous bodies, they are highly dependent on the government for financial resources. Their only income source is municipal tax collection which has been seriously disrupted recently due to local political events and wide scale corruption. Consequently the Saidpur municipal body fell into a serious funding crisis. The first reaction was to dismiss all health staff with immediate redundancy. Following much persuasion from the CSP Team however, a meeting with all municipal staff and the Ward Commissioners was called. At the meeting the Chairman explained the situation and asked the municipal cabinet for suggestions. This in itself was an unusual occurrence as it has been usual for decisions to be made without any consultation or discussion. The municipal cabinet, which now includes male and female Ward Commissioners protested and said that in no way could the municipality stop providing health services because it is by delegation the municipality's job currently. No other organization has a responsibility to provide Primary Health Care services for the urban population. Therefore, the municipality had to keep the health staff in place and seek alternative sources of income and improve financial management. The Chairman upheld the proposal, and municipal health staff continue to be employed. This reflects a great change on the management side of the municipality.

ii) On-Job Support During Day To Day Operation

The CSP Team involved the municipal chairmen and commissioners in much of the planning and discussions during day to day operation of health events, planning, workshops and DIP preparation in order to keep them well informed about all relevant events, involve them in processes and reflect their concerns and recommendations in CSP planning (i.e.DIP) This also demonstrated to them

-How to make plans for holding meetings and workshops,
-How to analyze issues for planning and
-Reflect on management actions.

Following the management training and involving them in different health related actions, some rapid and positive change in the attitudes of the municipal authorities towards health has been noticed. For instance, in 1999 for the first time, the Saidpur Municipal Chairman and the Ward Commissioners participated in the NIDs. The Chairman himself went out to motivate staff and

parents, and Ward Commissioners also visited many outreach centers to observe and offer encouragement. An example of positive change observed in management decision is furnished below.

Case Study: 2 Sustainable Improvement In The Health Department

In Saidpur 22 municipal health staff had to work in a cramped room in a separate building next to the municipal main building where only 4/5 people can comfortably sit. The environment does not enhance motivation, self-esteem and is not conducive for capacity building. The office does not have hand washing or toilet facilities. Female staff articulated that lack of lavatory facilities as a big impediment for them during work hours. Municipal Chairman and commissioners have been mobilized to provide a spacious arrangement for the health office so that health staff can work conveniently. The municipal cabinet has agreed to transfer the whole two story-building to the health department in which the current health office is. The other department that had been working in the same building has been shifted to another building. This has enabled the health team to have a bigger space. As requested by the municipal authorities and as were kept some provision for some equipment and logistics in the entry grant budget, CSP has agreed to provide necessary furniture to equip the building appropriate for the health team to work conveniently.

4.3.1.2. Management Initiatives

- After the training for municipal managers follow up mobilization is being continued through day to day interactions and activities so that they practice their skills learned during the training's and extend adequate support to the health department. Municipal representatives (Ward Commissioners) are mobilized to form Ward Health Committees in each of the municipal wards. This is a provision under the notification of MOLGRD. Terms of Reference (ToR) developed jointly with the community leaders and municipal ward commissioners for preparation of Ward Health Committees (WHC), 3 WHCs in Saidpur and 1 WHC in Parbatipur have so far been formed. The respective ward commissioner is the head of the committee municipal health staff is the member secretary. Concern Field Trainer, representative from NGO's working in the ward, one TBA, one community volunteer, one or two-community representatives (i.e. teacher) are members of this committee. These committees are being promoted as responsible bodies for assessing community needs, identifying community potentials and recommending possible solutions for respective ward. Formation of Ward Health Committees is a major component of CSP implementation strategy as described in the DIP.

- In an ideal situation under the MOLGRD notification municipalities should coordinate all health activities in the municipal areas. Facilitation is being provided to the municipal Management to have the skill and experience to coordinate such activities of government and NGO health facilities. A municipal coordination committee is being formed in both the municipalities. This committee will work as a coordinating body for all health activities being implemented in the municipalities. Representatives of different GOB and NGOs who provide health services in the municipality would be the members

of this committee. This is aimed to be an effective forum where different technical and management issues of health/CSP will be discussed.

As long as the municipal health committee is not functional, the municipal chairman, relevant commissioners and other relevant representatives from government and NGO health facilities are meeting periodically either in the municipality building or cyclically in other institutions.

Case Study 3: Facilitation on Coordination Skill

CSP facilitated municipal health authorities to coordinate TBA activities in the municipalities. As a process of it two TBA workshops were organized in each of the Saidpur and Parbatipur municipalities. It was obtained in the KPC surveys that in the municipalities more than 75% of the deliveries were conducted at home and most of the deliveries facilitated by TBAs. From other researches it was also found that besides technical skill, other problems that TBAs face in the community were lack of coordination, collaboration, supervision, monitoring, linkage to health facilities and absence of a formal referral system. CSP felt it necessary to have a better coordination between TBAs and all health facilities providing reproductive health services in the municipalities. To start a process to address these issues, the workshops were arranged. In Saidpur representatives from different health institutions i.e. THFPO, head of Maternal and Child Welfare Center (MCWC), RMO of 50 bed Hospital, head of UFHP, FPAB, railway hospital were invited along with the CSP trained TBAs. The Civil Surgeon of Nilphamari district inaugurated the workshop. In Parbatipur with TBAs, THFPO and representatives from LAMB, BRAC and railway hospital were present. The Deputy Director of Family Planning of Dinajpur district inaugurated the Parbatipur TBA workshop. Discussions were held in four groups with 15 TBAs in each facilitated by one of the representatives of the health institutions. The topics were: TBAs constraints to work properly in the community, their expectations from different health institutions an community groups, constraints to referral and their scope of work to contribute in the overall health promotion activities. Based on the findings of this workshop a working group discussion will be arranged to identify and coordinate TBA collaboration, linkage and referral issues. Later a seminar with a cross–section of people from the community will be arranged by the municipal health authorities to inform the community on the TBAs extended role and linkage and referral systems that can assist TBAs to perform their work properly.

4.3.2. Facilitation For Technical Capacity Building

Both Concern and municipal staff proposed that training should be need based, so that the intended impact can be achieved. CSP staff assessed specific training needs of the municipal staff through joint fieldwork. They spent time exploring and analyzing strengths, weaknesses and available resources in the municipalities so that a feasible training action plan could be developed. For technical capacity building, two following two ways were utilized by the CSP:

- Need based institutional training
- On the job field support to municipal health staff

4.3.2.1. Need based institutional training
The following training's' were organized for :

i). Municipal Health Staff

- A 4-day refresher training for the municipal health staff on technical aspects of EPI and Vitamin A organized which included
    - correct sterilization
    - cold chain maintenance
    - Vaccination techniques and Vitamin A administration procedure
    - Recording and reporting (dose specific target calculation)
    - counseling of mothers

- Twenty two Health staff including their Supervisor in Saidpur and 14 in Parbatipur municipalities were trained on health promotion during the second year of the entry grant period. The objectives of the training were to let the participants learn
    - the importance and ways of helping people to improve their health,
    - how to ensure community participation in establishing good health practice,
    - ways of effective communication to provide health education for behavior change

ii). Municipal Supervisors

- Saidpur municipality supervisor was given a week- long training on supportive supervision. The training course was organized in collaboration with BRAC, a national NGO reputed for their quality training and development programs. The objective of the training was to assist the participants to acquire knowledge and skills on tools and techniques of supervision. This was the first training he ever received on supervision. Following the training the supervisor demonstrates much improvement in his behavior in terms of sharing ideas with his staff, taking decision in consultation with them and helping them in their field issues.

- Health Supervisors of Saidpur and Parbatipur municipalities and MOH supervisors who work for Parbatipur municipality (Health Inspector (HI), Assistant Health Inspector (AHI) and Family Planning Inspector (FPI) were provided a two-week training on facilitation techniques by Concern Training Unit in Saidpur. The training was in three phases with an interval in between allowing the participants to expose to both theory and practical field practice sessions.

iii). Training/ orientation of formal and informal health service providers

- KPC surveys shows that more than 75% deliveries in the operation area were conducted at home and most of the deliveries are conducted by the TBAs. Hence, TBAs involvement in the program in meeting the objective in relation to 'safe motherhood', one of the CSP interventions is important. In providing training to TBAs, Concern Bangladesh has been following the Government TBA training curriculum.

- 40 TBAs in Saidpur and 24 TBAs in Parbatipur have so far been trained on safe delivery, identifying danger signs and referral.

- 9 other municipal female health staff of Saidpur municipality also attended the TBA training. This will help the female municipal workers to monitor the work of the TBAs and support them when and where necessary. This was an initial step to establish functional relationship between TBAs and formal health system.

- Refresher training and discussion on the problems faced by the TBAs were arranged every month by respective Field Trainers.

- CSP took initiative to train community health volunteers on community health promotion and their roles in the health situation improvement in the community.

  - So far 106 volunteers in Saidpur and 66 in Parbatipur have been trained on basic health information and their dissemination techniques in the community
  - Bimonthly refresher training have been arranged for the volunteers who received basic training

  The expectations from the volunteers have been kept to a very minimum. Currently they are assisting the municipal workers in
  - Finding out the drop and left outs from immunization program,
  - Arranging health education sessions in their respective communities and
  - Different health events i.e. NID, national MNT (Measles, Neonatal Tetanus) campaign etc.

4.3.2.2. <u>On The Job Field Support To Municipal Health Staff</u>

Unless training is imparted in a formal setting, it is difficult to quantify different aspects of training. It must therefore be remembered that on job training/support takes place at all times and through much day to day informal activities. This whole area is vital towards the progress of the CSP goals and objectives. On the job support especially by the Field Trainers and Team Leaders to the municipal staff and their supervisors is central to the CSP implementation strategy. There are 40 outreach centers and 5 fixed centers in Saidpur and 32 outreach centers in Parbatipur to deliver EPI and other related MCH services. There is no fixed center in Parbatipur. Each CSP Field Trainer (FT) is supporting a team of municipal staff in specific wards. FT's support includes demonstration or on job facilitation of different skills pertinent to CSP activities. The on job support mechanism adopted by Concern Staff can be explained under the following headings:

i) Management support to improve coordination

- Monthly review and planning meeting of municipal health department

  Each month TLs assist supervisors of respective municipalities to organize a monthly review and planning meeting with all the field based staff at the municipal health office. Here field

issues identified through using the 'observation checklists' by the supervisors and field trainers , constraints faced by individual staff are discussed and solutions are sought. It has been noticed that the field staff are enjoying this meeting as they get opportunity to share their views with their supervisors and contribute to the decision making process. Since July 1999 in Saidpur and May 2000 in Parbatipur, it has become almost a regular event in both the municipalities.

TL assists the supervisor in

- Analyzing the checklists filled by the field trainers and supervisors (during their field visits throughout the months to identify the priority issues/problems faced by the health staff) to prepare the agenda for discussion in the meeting
- Arranging logistics (board, pen papers, tea and snacks) ♣for the meeting
- Facilitating meetings following the set agenda and the issues raised by the participants
- Preparing minutes of the meeting and complying with the decisions

- Monthly coordination meeting of stakeholders at municipal chairman's office

  Every month TL assists the Chairman of the respective municipalities to organize a coordination meeting of the stakeholders involved in health service delivery in the municipal areas. The objective of this meeting is to develop a system where all the service providers meet together and share their views, achievements and constraints related to their health activities and to initiate possible solutions. By rule, it is municipality who should coordinate all the services rendered to its population so that duplication of efforts is avoided and best utilization of resources is ensured through an efficient mechanism which would sustain. This coordination meeting allows the chairman/municipality to assume this role.

  This meeting is not as regular as the one held in the health department. Currently, this has been happening mostly when there is some special events i.e. NID, Safe motherhood day, world health day. CSP staff and TL are putting much efforts to regularize it so that it sustains.

ii) Support on management of field planning

- At the beginning of each month each of the Concern FTs in both the municipalities sit with the municipal staffs who work in the wards the FT is responsible for and assist them to prepare a 'monthly work plan' reflecting the needs of the field. A simple format has been developed for this purpose. The plan is displayed in the display board placed in the municipal health office so that the concerned staff as well as his supervisor or FTs can use it for visualizing their monthly plan or for supervision/support at the field.

  Similar work plan is being prepared by the health supervisors with the assistance from the 'team leaders' in both the municipalities and used

♣ Concern has been providing limited support arranging stationeries and light refreshment to encourage the participants.

- A simple reporting format has been developed both for the use of municipal supervisors and field staff to reflect on their activities performed as per the plan. Although the use of the plan and the reporting format is not consistent in either of the municipalities as yet, it is understood that the municipal staff and supervisors are getting benefit using these tools and is expected that in next few months most of the staff and supervisors will build their habit to use it. Concerned FTs and TLs will continuously assist them to institutionalize this process.

iii) On job support to improve QOC in field settings

iii.a) At outreach EPI/MCH session

Every month each of the FTs visits 7/8 out reach sites jointly with his/her respective municipal counterparts as per the plan scheduled at the beginning of the month and

- Identify gaps in their skills and knowledge pertinent to the services available (EPI, Vit-A, others) at the out reach sites

- Demonstrate them on the job the ways to maintain recommended quality in
    - Maintaining cold chain
    - Providing vaccines/Vit-A using appropriate techniques/protocol
    - Sterilizing equipment as per recommended protocol
    - Fixing targets and drop out for EPI/Vit-A
    - Record keeping and reporting reflecting real targets and achievements and
    - Providing health education on the topic specified for the month and counseling of specific clients on their specific needs

- Fill out the observation checklist to record the inconsistencies observed in the session. These checklists are used as training needs assessment (TNA) tools. As said before, at the end of each month TL assists the respective supervisor to compile and analyze the checklists used by different FTs in different sessions throughout the month, prepare agenda for the monthly refresher training of municipal staff for the subsequent month and conduct training with the assistance of the TL. Resource people from other institutions (MOH, Kanchan shamity health clinic, LAMB hospital) also attend as facilitator which improve relationship and acceptability of the Municipal staff to these institutions..

Case Study 4 : Safer Sterilization

At the start of the Saidpur Child Survival Program, it was found that some the municipal health staff performed sterilization of the needles and syringes at their houses. It was not known whether they sterilized them at all in fact, and if they did so, did it correctly. EPI Outreach centers are often in the backyards of community people's houses. Some other health staff used to leave their sterilization materials in the houses near to their outreach centers. They came on the morning of the Immunization Day and heated needles and syringes using community people's stoves and fuel-wood. Often they asked community mothers to have the needles and syringes boiled for them in advance. Community mothers did not know the proper sterilization procedure however, and health staff did not check whether needles and syringes were properly sterilized. Blunt needles were also used regularly, regardless of sterility. This occurred despite the fact that Saidpur Municipality had the provision for supplying stoves and fuel for sterilization of immunization equipment. EPI workers informed Concern CSP staff that the EPI Supervisor did not provide them with the resources required for efficient and quality sterilization. There was a reported prevalence of skin abscesses in the municipality area at the time. This was confirmed when in early Apr. '98, one of Concern CSP Field Trainers 'Fancy' was in the Municipality Health Office, and two mothers presented with babies suffering from post vaccine abscesses. Health staff tried to hide the incident from Fancy, and instead of listening carefully to the mothers, rubbed the infected area with a piece of dry cotton. Fancy intervened at that point to explain alternative ways of dealing with the situation. The Saidpur CSP Team Leader 'Rafiqul Islam' was also present at the time. 'Rafiqul' was by profession a Medical Doctor. He informed that the infections needed to be drained, and referred the mothers to hospital. Immediately after this event, two more mothers came with babies suffering from the same problem. A total of 18 cases of infections were reported then. The Chairman of the municipality was informed of the matter. A day later a meeting was called for the municipality health staff, as invited by the Municipal Secretary. Health problems, issues and health staff's constraints were discussed at that meeting, and it was decided that from then on all sterilization procedures would be conducted at the Municipality Health Office. A training was subsequently provided by Concern to update municipal staff on correct sterilization, and later followed up with on-the-job demonstration at the EPI sites by Field Trainers. No more cases of infections were recorded in the Saidpur municipality area since. The Municipal Health Supervisor has become much more co-operative. Now he tries to allocate the necessary resources for sterilization and other field requirements and ensures that the sterilization being done properly at the Municipality Office.

iii.b) During Health Promotion in the Community

iii.b.1) Day To Day Health Promotion Efforts

It is the responsibility of the municipality staff to provide health education and information to its population so that they are aware of their health problems, pursue better health practices, improve health seeking behavior and utilize quality health services available to them. These health promotion activities can be done by themselves or by utilizing people who have influence over the community and traditionally engaged in health and welfare related issues (i.e.

volunteers, TBAs, RMPs, leaders). FTs through joint planning and field trips assisted municipality staff on the job on how to

- Organize and facilitate health education sessions at community setting using appropriate health education methods and materials
- Involve community in different health events i.e. NIDs, national health issue days, in order to create mass health awareness
- Utilize community leaders and informal health providers in mobilizing community for better health practice

Each FT has been planning at least two joint health education sessions each week with their municipal colleagues at community settings e.g. schools, mothers groups etc. Although the municipal staff are almost regular in attending outreach sites, they are not as regular in health education sessions. As a result the planned targets are not well achieved in this particular activity. One of the reasons is their lack of skills in providing health education in the community groups makes them shy. Also many of them are not yet motivated and consider it as an extra work.

Case Study 5 : Mobilizing Community Health Resources

Rural Medical Practitioners/unqualified doctors have wide acceptance in both Saidpur and Parbatipur communities More than 90% of all childhood diseases and a significant number of maternal problems are treated by RMPs. They are the curative care providers to whom most mothers go first for consultation and treatment for themselves and for their children . Often the RMPs will come to their houses and bring medicines with them. Some have medicine stores and occasionally community people get medicine on credit as they are personally known to them (ref. Participatory Learning Assessment for Child Survival Program - Saidpur baseline research 1999). The CSP took the initiative to invite and utilize RMPs strengths and community acceptance in their health promotion process. RMPs had never been involved in health promotional activities before. Focus Group Discussions were conducted with them during the PLA baseline researches, in order to learn about their strengths and constraints, and how they can contribute to the Concern-Municipality Child Survival Program in Saidpur and Parbatipur. It is anticipated that increasing collaboration between Municipal health staff and RMPs will build stronger links between all service providers and their client communities, resulting in greater uptake of important formal preventative services. At the NID observation (National Immunization Day for polio eradication) in 1999 RMP doctors were invited to the advocacy and planning meeting by the Municipal authorities for the first time. The RMP doctors displayed great enthusiasm during their involvement in the polio eradication day. Many of the RMP doctors participated in the NID outreach campaign. Some of them used their own money for rickshaw (tricycle) fares to bring children to the vaccine centers.

There have been different functional groups in the community who organize periodical meetings for different issues i.e. income generation, micro credit etc. Concern's urban development program facilitates around 170 such groups in Saidpur. Adult groups under

Total Literacy Movement (TLM) run by municipalities under the guidance of GOB are operational in both the municipalities. Besides these there are groups formed by other local NGOs e.g. BRAC. CSP teams in both the municipalities have already initiated a process to link Municipal staff with these groups so that they can provide health education on a regular basis. These groups will also be involved in different health events to mobilize community in future.

iii.b.2) Complementary BCC initiatives

Besides day to day health promotion activities, as mentioned above, certain special BCC initiatives were taken jointly by Concern and respective municipalities. Prior to taking the initiatives mentioned below, relevant stakeholders including the community peoples were consulted as to what sort of BCC interventions would be appropriate for them to receive health information on different CS issues. Accordingly the following initiatives were taken. Health messages were kept consistent to the ones used by the MOH.

- In Parbatipur 100 teachers were recruited by the municipality to implement the TLM program with a mission to literate the adult illiterates in the municipality. CSP planned to organize orientation sessions for these teachers in groups to inform them on CSP activities and how they could contribute to disseminate health massages through their students in respective communities. Already one such group of 10 teachers has been oriented. For the rest planning has been done in DIP.

- 60 folk song sessions in Saidpur and 13 in Parbatipur on different CSP interventions were conducted in different under-served areas of the municipalities throughout the second year to sensitize the most vulnerable communities.

- Walls in different locations, 23 in Saidpur and 12 in Parbatipur, were painted with key health messages.

- 10 bill boards in Saidpur and 6 in Parbatipur were established in important public places with key health messages and relevant pictures.

- Cinema slides (12 in Saidpur and 8 in Parbatipur) were prepared containing different maternal and child health information and are being shown in four Cinema halls in Saidpur and Parbatipur. Although the cost of the preparation of the slides were borne by CSP, municipal chairmen in consultation with the cinema owners have arranged free display of the slides during each show.

- Following a request from ‘Pubali Scouts’ (a local young men’s club often provides voluntary support to municipality on health and social issues) to the Saidpur municipality, a seminar on HIV/ AIDS was organized in Saidpur. More than 200 participants attended the seminar. Financial support to this seminar was provided by Concern while both Concern and Saidpur municipality jointly did facilitation.

- Two other HIV/ AIDS awareness sessions were also organized jointly in Saidpur. One was with the barbers community and the other was with the truck drivers.

4.3.2.3. Support To Strengthening Municipalities' Health Monitoring System

EPI is the only program that municipality monitors routinely. Municipalities' monitoring is again limited only to the services that are rendered by municipal staff. There is no mechanism for monitoring the activities, achievements and constraints faced by other stakeholders (i.e. NGOs, MOH, informal service providers like TBAs and PP) who supplement municipality in health service provision.

Secondly, the quality of the existing monitoring system is very poor. For example during the baseline KPC survey, the routine report maintained by Saidpur Municipality was found to depict a coverage of 79% for fully immunized children <1, whereas the KPC survey data, analyzed by COSAS, revealed the valid coverage to be at 43% indicating the low quality of the monitoring practice.

During the entry grant period CSP field trainers and Team Leaders have concentrated their efforts mainly on

- Understanding the existing monitoring system used by municipality, if any and its strengths and weaknesses
- Understanding the monitoring system maintained by other stakeholders providing health services in the municipalities, their recording and reporting system and information flow
- Municipal staff's understanding about monitoring and their skills to do so
- Provide supports on- job and arrange institutional training on relevant issues where necessary

During the entry grant period, Concern staff made joint field trips with their municipal counterparts to the service delivery and social mobilization spots in the community and assisted them in correct preparation and maintenance of records and preparation of reports.

The municipal supervisor of Saidpur was trained on monitoring and supervision in a renowned institution and began helping both supervisors on correct compilation of data which truly reflect the achievements.

In collaboration with Municipal staff , TBAs and potential institutions for TBAs' referral, Concern has been trying to develop a TBA's work monitoring and supervision system. So far nine female municipal health staff have been trained on TBA curricula so that they understand the basic role and work of TBA and can monitor and support/supervise their activities

One TBA workshop at each of the municipalities was organized and brought key people from potential referral institutes to facilitate different aspects of the workshop. The workshop has not only brought out the constraints, potential, support required for TBAs to function properly, but also introduced them and their issues to the key people they will require for referrals.

Ward specific performance monitoring is being planned to be done by ward committee where representatives from formal and non-formal service providers and community representative

are expected to participate. So far 3 ward committees in Saidpur (out of planned 15) and 1 in Parbatipur (against 9) are sitting regularly. Monitoring mechanism through ward committee yet to develop.

Collected recording and reporting formats used by different health service providers working in the respective municipalities so that based on those a collective format is developed for use by municipality. Use of such format will help municipality monitor, not only its own progress but the collective progress made in the municipality by all stakeholders. Ultimately this will lead to develop a comprehensive municipal health MIS.

4.4. Detailed Implementation Plan (DIP) Preparation and Revision

Following USAID/BHR/PVC guideline, a four-year (1 October 2000 – 30 September 2004) DIP was prepared and submitted to USAID in December 1999. In preparation of the document, baseline research findings and recommendations were considered. Involvement of the CSP staff, municipality managers and staff, MOHFW representative, Community representatives were ensured. Technical and Financial/administrative backstops from Concern USA also visited the country program and provided necessary guidance and support to the team in preparation of the DIP.

5. CSP MONITORING PROCESS

The CSP monitoring process aims at monitoring CSP program outputs against set indicators. In order to monitor the activities against the set indicators as outlined in the log frame of the entry grant proposal (see Annex I), project personnel in both the municipalities in consultation with the representatives of municipality and community representatives have developed monitoring plan and tools. They include

- Observation checklist to mark and comment on the performance observed (both physical targets and quality indicators) at the service delivery sites in the community
- Monthly area specific reporting of the FTs on the achievements against the set processes/activities
- Compilation of FTs report at municipal and subsequently at national level for reflecting on progress by the municipalities and by national targets.

The tools and formats being used are still in pilot stage to examine their appropriateness and validity to reflect on the progress of output indicators. It will be finalized and a computerized simple HMIS will be developed in the first year of the DIP.

As described before in 4.2 a number of base line and operational studies were undertaken during the entry grant period. An end evaluation of the entry grant activities have also been planned (in DIP) which will be done in December/January 2000/2001.

6. STAFF DEVELOPMENT

Training was arranged to improve the skills and capacity of the Concern CSP staff in order to adequately equip them to improve the management and technical skills/capacity of municipal staff and managers.

- The Program Manager was invited by WHO- SEARO (World Health Organization - South East Asia Regional Office) to attend a 2 week international training course on IMCI in Nepal in November 1998, jointly organized by WHO- SEARO, Child Health Department of the MOH Nepal, and UNICEF. The objective of the training was to develop national experts who would assume a lead role in the development of national plans and strategies for IMCI in their home countries.

- Service Expansion and Technical Support (SEATS) group, a USAID contract training agency based in the USA, arranged regional training and training of trainers (TOT) in Dhaka on 'Integration of Reproductive Health in Child Survival activities' in February 1999. Representatives from different Private Voluntary Organizations (PVOs) participated in the training from six different countries in the South East Asia region. The CSP Program Manager participated in the training and the TOT.

- CSP Program Officer participated in a management training on " Program for Development Managers" at the Asian Institute of Management (AIM) , Philippines . The Program Officer also attended an international workshop of the fourth Annual Child Survival Workshop on Community Empowerment, 31 May – 5 June '99 organized by Child Project, CARE Bangladesh.

- The Training Officer participated in a training of trainers (TOT) course, organized by the Business Advisory Service Center (BASC), in November 1998. The objective of the training was to develop the participants' skills so they could be capable of: assessing training needs, designing training programs and evaluating and following up the impact of training.

- CSP Research Officer participated in a training on " Epidemiology and Biostatistics" at ICDDR,B- Center for Health and Population research from 22 August to 14 September 2000. This training together with the training received by RAs on monitoring and evaluation, will guide the team to maintain a standard monitoring system for the program.

- Both the CSP team leaders attended a two- week training course on 'Development Management' organized by BRAC

- Training of Trainers for Concern field trainers of Saidpur and Parbatipur : All CSP field trainers and research assistants along with the supervisors of both the municipalities attended a ten-day course on 'training of trainers' facilitated by Concern training unit.

- Gender training: Two field trainers and Research Assistant from Saidpur CSP team participated in a Gender Training organized by Concern Northern Program. They in turn organized similar sessions for their other colleagues.

- Both the Research Assistants (RA) participated in a weeklong training on Monitoring and Evaluation in June 2000 organized by BRAC. This training has improved their skills on data management and analysis.

- A 10 day long training on 'Office English' has been provided to the Team Leaders of both the Saidpur and Parbatipur Child Survival Program. The objective was to improve their written and verbal English necessary to perform their day to day program requirements.

- Two field trainers attended a four-week course on the management of severely malnutrition children organized by ICDDR'B

- Two field trainers with a municipality supervisor attended a six days training course on baseline survey organized by ACPR, Dhaka for the preparation of KPC survey.

- Three field trainers attended a 3-day workshop on PLA organized by Concern at Dhaka.

7. COLLABORATION WITH STAKEHOLDERS AND NETWORKING

During stakeholder analysis, support from following agencies have been found important for meeting CSP goals and objectives.

MOLGRD

Being the line ministry for municipalities' function, it has been crucial to have a working relationship with it. Unfortunately there has been very little functional link between the MOLGRD and the local municipalities especially on issues like health. Neither is there a focal person at MOLGRD to address the issues related to health in municipalities.

During the entry grant period CSP had three formal and several informal meeting with MOLGRD at national level to

- Orient on the CSP work
- Seek support in resolving problems (discussed before) arose in Mymensingh
- Discuss the possibility of having a MOLGRD's endorsement for the CSP at national level.

In all the meetings, elaborate discussions took place about municipality's specific roles and responsibilities in provision of health services to its population and the specific function and support mechanism of MOLGRD in this context

USAID (Dhaka Mission) : Seven meetings were held with USAID local mission. Some of them were routine meetings to update them on CSP progress and issues. They also attended in the management workshop organized for the municipal managers and visited Mymensingh to help minimize the problems arose in CSP partnership during the first year.

IOCH and UFHP/JSI : A number of meetings held with these organizations at both Dhaka and project levels. Both the organizations are CSPs operational partners in Saidpur and Parbatipur in

EPI and other MCH issues. IOCH works both with Saidpur and Parbatipur and UFHP/JSI with Saidpur Municipality. Collaborations with these organizations are necessary to avoid possible duplications and maximize efforts made in improving child survival

MOHFW : At both the municipalities Team Leaders attend health coordination meetings at Thana health complex. Concerned Civil Surgeons, Thana health administrators, and other local MOH institutions (i.e. 50 bed hospital, Maternal and Child Welfare Center (MCWC), Thana Health Complex) are regularly updated and involved in program plan and operations. At national level CSP has been contributing in the adaptation of the IMCI protocol. The Program Manager, CSP is one of the core members of the national adaptation committee. National EPI directorate and TBA program were also the institutions where CSP maintained regular contacts for guidelines and technical supports.

Research Organizations : For studies e.g. KPC, PLA, HICAP and EPI Facility assessment, Concern CS program worked closely with research agencies i.e. ACPR, READ, AFHR, Concern's Organizational Development Unit (ODU) and partners like IOCH/MSH, USAID, EPI Directorate, MOHFW, CSTS and Macro International.

Other Institutions To Collaborate : Other institutions working in either or both the municipalities are LAMB, FPAB, Kanchan Samity, Leprosy mission, Local clubs, Scouts. They are the day to day operational partners of CSP. Through assisting municipalities in organizing regular coordination meetings with these partners, Concern wishes to maximize their efforts in delivery of health services.

8. FACTORS CONTRIBUTING TO PROGRAM ACCOMPLISHMENTS

Major factors that have considerably influenced the achievement of the objectives, identified by both the CSP team jointly are as follows:

Program level

- Committed Concern staff and increased commitment on part of mangers and staff of municipalities. Extensive orientations of municipal managers and staff and other relevant stakeholders have paved the way of developing mutual trust and confidence which is considered as the foundation of all achievement.

- Translation of program goal and purpose up to the grass root levels of staff in Concern and municipality and also to other stakeholders through orientation meetings, seminars, research work.

- Clarification of Mutual roles and responsibilities at the beginning of program (which didn't happen well in case of Mymensingh) was also important to focus on right sort of interventions (i.e. capacity building rather than material support) and getting good support from municipal authorities and other stakeholders

- The program rightly matched with the Concern Bangladesh's strategic plan. Long history and

goodwill of Concern in Saidpur and the northern part of the country has also influenced in the program achievements in both the municipalities. Moreover recent regionalization of the 'Northern Program (NP)' and close support from the regional management in terms of creating a positive environment conducive to smooth operation of CSP activities was a positive factor to note.

- Revision of the entry grant targets and activities to important and realistic ones were also very much important to build a good foundation for work not only for the entry grant period but also for a longer term (DIP and beyond)

Community Level

- Interest and support of the community stakeholders i.e. TBAs, RMPs, CHVs, Teachers, Community leaders towards CS activities have been a major factor to the smooth operation of CSP.

- Participatory researches (i.e. PLA, HICAP) conducted in both the municipalities not only contributed to the collection of the base line information, rather it also played a pivotal role in engaging different sections of the community in to the planning and implementation of the CSP.

- In CSP, the main leader ship of the program lies with municipality rather than Concern. This has resulted in owning the program by the municipalities. Expanded roles of municipalities in health service delivery (rather than non-health activities) has increased community's trust and confidence on them (municipalities) as quality health care providers. This has also improved the participation of the community in different health activities and events undertaken by the municipalities. This is believed to be one of the major accomplishment during the entry grant period.

Institutional environment

- Collaboration and support obtained from different agencies i.e. IOCH, USAID local mission, Kanchan samity, LAMB hospital, USAID/BHR/PVC and its affiliated agencies like CORE, MACRO int. were helpful

- Necessary support and involvement of the financial and technical backstops from Concern USA was very helpful to direct the program.

9. CONTRAINTS/LIMITATIONS

9.1. At Program Level

- One of the major problems is the very political nature of the municipality. Chairman and commissioners are elected for a five-year term. A change in the municipal cabinet following elections can lead to major changes in its priorities, motivation and commitment. This will disrupt the smooth operation of the program as experienced in Mymensingh (discussed earlier).

- Lack of clear understanding and priority of municipal management for health has been one of the biggest impediments towards attaining the required momentum in the program. Although continuous orientations and motivation have made the situation much better, initially it was one of the main problems in program implementation

- In Saidpur out of total 22 health staff only two are municipality's regular staff and the remaining 20 are employed on 'master role' basis. The salary they (20 staff) receive is negligible. Moreover, their job is not at all secure which leads to a feeling of insecurity, dissatisfaction and lack of commitment among the municipality staff.

- In Parbatipur out of total 14 staff, 10 are deputed from MOHFW and remaining 4 belong to the municipality. These 4 staff are regular. The problem with this system in Parbatipur is that the MOH can withdraw its staff from municipality at any time which will cause major disruption in the routine activities and thus inputs/investment made so far to develop municipality's capacity will go astray. Secondly, since these deputed staff work under a dual management i.e. by both the MOH and municipal managers/supervisors, the chances of confusions and misunderstanding can not be ignored.

- Although in the organogram, there is provision for a medical officer in both the municipalities, in realty there is none. The municipal supervisors in both the municipalities are the in-charge of municipal health departments. As a result they lack the confidence in decision making and networking ability which is essential for the municipality to coordinate the health activities within itself and with other partners.

9.2. At National Level

- Despite the fact that MOLGRD is responsible for all municipality affairs, there is very little functional link between the municipalities and the Ministry. Even there is no focal person at ministry level to monitor, support and coordinate the health activities of municipality. As a result the municipalities are not accountable to anybody for their achievement or failure.

- Lack of mechanism in endorsing program like CSP at national level is experienced as an impediment to secure the program operation and outputs.

9. 3. External Factors For Program Disruption

Hartals

Another phenomenon to Bangladesh is that there are often countrywide "hartals" i.e. strikes called by the opposition to the ruling party. The whole country is plunged into a state of non-function. These hartals can last up to 72 hours.

Natural Disaster

The worst floods to hit the country this century began in mid August 1998 and continued up till the end of December. There has been no other disaster that had such a negative effect countrywide and lasted as long. Most parts of the country were inundated. Road communication was disrupted, millions of people, including children, suffered from starvation, disease and lack of shelter. Most staff of Concern Bangladesh, including CSP staff, were engaged in emergency relief and medical work for a period of about four months, causing entry to the municipalities for CS activities to be delayed.

10. CHALLENGES FOR CSP

The challenges to be met by the CSP in the following years are:

- Getting an endorsement from MOLGRD for CSP to work uninterruptedly in the municipalities keeping aside the program from any political disruptions.
- To continue networking and advocacy with national level stakeholders to put pressure on MOLGRD to strengthen its health wing and arrange financial allocation for municipal health services.
- To mobilize municipal authorities to increase their financial allocations for the health service.
- To mobilize municipal authorities to appoint Medical Officers and necessary health staff / regularize salaries and positions to strengthen municipalities capacities to meet the demand of the people.
- Attempts to be made to improve the quality of services provided by the referral sites i.e. MOHFW although they are not under the jurisdiction of municipal authorities.
- Establishing a TBA referral, supervision and monitoring system will be another challenge for the CSP.
- Improving the quality of work of the private providers especially of RMPs and bringing them under municipal supervision will also be a challenge for CSP.

11. LESSONS LEARNED

CS Program itself is a good learning for Concern Bangladesh. This is the first CS program that Concern has ever implemented. The strategy and approach that the CSP has adopted has been new to Concern. This is also the first capacity building intervention with government of Concern Bangladesh.

- Capacity assessment using Appreciative Inquiry (AI) has been found a good tool not only for assessing the capacity of the municipality, but also an effective instrument to make the municipal staff and manager's aware of their roles and responsibilities in terms of health service delivery. It has helped them to set a 'vision for municipal health' and encouraged them to plan activities towards reaching that vision.

- In any partnership program, sharing of program's goal, strategies and clarification of mutual roles and expectations among partners should start from the very planning stage of the program. In Mymensingh although the sharing was adequate, mutual roles and expectation were not as clear as they should have been. Therefore, the huge effort put towards implementing joint program in Mymensingh was not successful. This gave Concern an enormous learning about the process of partnership and helped the Health Department to develop other partnership programs (with MOHFW, Ministry of Social Welfare) utilizing the lessons learned from the experience gained in Mymensingh.

- Although the CS program aims at developing a health system in the partner municipalities, it has been experienced that it is not possible to develop a sustainable health system without addressing the whole management system of the municipalities. As health is one of many other issues that municipalities deal with, it can't be managed in isolation from others. Unless the general management (concept/capacities) of the municipality is addressed /improved, the management problems related to health i.e. budgeting, supervision, management, planning, staffing can't be solved. The management training arranged for the municipal managers has assisted them in addressing some of the management problems encountered by the health program.

- As described before, the management and operation of municipalities have been heavily influenced by local as well as national politics. Moreover, the office bearers are non-health persons and traditionally their commitments towards a non-tangible service like health is poor. It has been realized that in order to secure the program at municipal level and to develop a sustainable approach, it is important for the program to have some mutual understanding or formal partnership at ministry (MoLGRD) level. It has been understood that having a formal agreement at ministry level for programs like CSP is difficult. Concern has been exploring possibilities of having some workable endorsement for the CSP at national/ministerial level. The program manager is in touch with local USAID and other relevant partners experienced in dealing with MoLGRD i.e. IOCH/MSH to facilitate the process of securing recognition at national level.

12. PROGRAM MANAGEMENT

12.1. Staffing

Following the change in project location from Mymensingh to Parbatipur, three FT positions become redundant considering the reduced number of the wards in Parbatipur. Other staff positions remained unchanged.

12.2. Backstop's Support

As per USAID guidelines the Technical and Financial/Administrative backstops offered support and guidance in performing the entry grant activities and for development of the Detailed

Implementation Plan for the period of October 2000 to September 2004. The backstops acted as a liaison between the Bangladesh program and USAID Washington and Concern USA.

The Financial and Administrative backstop visited Bangladesh three times and the technical backstop eight times during the Entry Grant period. Their assistance was valuable to improve the motivation and quality of work in terms of ensuring correct accounting and administrative procedures following USAID's financial guidelines, designing and implementation of CS program at program levels and to guide the preparation of DIP.

13. BUDGET AND EXPENDITURE

As per the financial guideline provided by the BHR/PVC/UDAID, a detailed financial report on the entry grant activities is being prepared. It will be submitted to the BHR/PVC/USAID within three months of the completion of the entry grant period as advised by the BHR/PVC/USAID.

14. FUTURE PLAN

As described in the DIP, during the first year of DIP period, efforts will be made on municipal staff development and training, support to national polio eradication activities, TBA and Volunteer training, municipal MIS improvement and TBA supervision, monitoring and referral system development. Organize training workshops for teachers, Imams and RMPs aimed at utilizing them in health promotion process. Formation of remaining ward health committees and institutionalize municipal central health committee's activities will be strengthened. Stakeholder workshop and seminar for sharing of lessons learned, local and national level advocacy for municipal health policy and system improvement, exchange for learning visits for municipal authorities, and policy orientation workshop for the municipal committees are the other activities to be conducted at this period. Operations researches on TBAs role, Municipal MIS and training assessments and impact of training in the program will be undertaken. Field Trainers will continue providing support to municipal staff in health activity planning, management and monitoring, and their technical skills and community approaches for health promotion through a mentoring and on-the –job support role.

Year two of DIP will concentrate on the IMCI training and follow on support, community approach development and training to RMPs for community IMCI and to health professional at referral sites as it is expected that by the year 2002 the national IMCI adaptation will be finalized. Function of Ward health committees and municipal central health committee activities will be institutionalized. TBAs and CHVs training and field support will continue and they will be liked with the community IMCI initiatives. Training workshops with traditional healers will be organized and be oriented on CSP issues. Municipal Supervisors and staff will be trained on participatory planning and monitoring activities. In conducting all of these activities municipal commissioners, health supervisors and staff would be mentored and be demonstrated the process followed to enable them to deal with these things independently latter on.

All activities will be focused based on the following CSP strategies:

- Institutional health development at municipal level
- Developing technical capacity at municipal level

- Strengthening community approaches and CHP
- Training and follow –up on the job support
- Involving private practitioners
- Focusing on Quality service delivery
- Coordination and Advocacy
- Operation research and research dissemination

A team approach in terms of capacity building will be employed, with workshops on leadership and delegation, participatory management system, and supportive supervision training for supervisors and managers. Concern's role will be in an advisory and facilitation capacity, and all technical training will be provided in accordance with GoB/MOHFW curricula and guidelines. All training, workshops and meetings will explore further opportunities for building links between service providers and communities in the municipalities.

15. CONCLUSION

The program has made considerable progress in the entry grant period. Motivation was always high among the CSP staff. The DIP was prepared together with the municipal staff and submitted to USAID.

Although very slowly, it has been observed that municipalities are assuming their leadership roles in coordinating the health service delivery in the municipalities. Interdepartmental representatives of MOHFW and NGO communities are now cooperating in all CSP events and attending most of the special occasions which was previously unthinkable and had never been seen in Saidpur and Parbatipur. In spite of constraints, it is visible that the municipal and MOH authorities are changing their attitude towards the poor people of the community. This has been a long process. It is hoped that such process of building mutual trust and support will continue during the DIP period and will contribute to the development of a sustainable system that will impact on the overall health and wellbeing of municipal population.

Annex-I

Summary Program Performance Against Set Objectives/ Logical Framework set out for the Entry Grant Proposal.

Narrative summary	Entry Grant Log Frame Indicators	Progress towards achievements	Comments
Goal Sustainable and comprehensive municipality health service	• Essential package of health services provided by the municipality as per MOHFW plan No-5 • Quality of care introduced and maintained • Sustainability ensured • Self assessment, monitoring and evaluation procedures in place. • Reduced maternal and child mortality.	• In CSP interventions were planned and the municipal staff being oriented as per the Essential Service Package (ESP) of MOHFW • Quality of care introduced following the technical guidelines of MOHFW and CSTS on child survival and regular support provided by TO, TL and FTs. • For sustainability of efforts made by CS Program, municipal health supervisors, managers and health staff are being provided with necessary training, mentoring and on the job support by FT and TL on management and technical issues. • Self assessment, monitoring and evaluation procedures are tutoring through hands on demonstration to health supervisors and staff • The program will not measure this rather will depend on the demographic surveys done by the government.	
Purpose Strengthen the municipalities capacity to deliver specific child survival activities which are of good quality and can be sustained with their existing resources	End of project status • Sustainable and quality EPI , Vit A, IMCI initiative and Trained TBA service and /or interventions. • Institutionalized community health awareness. ▪ Service interventions delivered and health awareness developed by competent staff	End of project status • Efforts being made to improve the Quality of EPI, Vit A and other CS services being provided by municipalities. 64 TBAs have been provided with basic and many others with refresher training on safe delivery and are being linked with referral institutions. • Community health resources are identified and trained (TBA, Volunteers, RMP, Teachers) , ward-committees being formed to sustain the community health awareness efforts/structure. • Sustained efforts being made to improve coverage and quality of CS interventions. Information on change in coverage/quality would be obtained through end EG evaluations	IMCI not yet introduced in field level and therefore didn't have scope to work on it during the entry grant period. EG end evaluation will be done in Dec- Jan 00/01

Narrative summary	Entry Grant Log Frame Indicators	Progress towards achievements	Comments
	• Institutionalization of the MOHFW HIS for the specific activities.	• MOHFW HIS as well as HIS of other health service providers are being reviewed for developing a comprehensive HIS for the municipalities.	MOH HIS doesn't have scope to monitor services provided by informal service providers
Results **Outputs** Municipal health planning system (pre project 1998)	• Baseline health indicator and KPC survey	• Baseline KPC, PLA, HICAP and EPI facility assessment completed and health indicators ascertained accordingly.	For detail, see the study report attached to DIP
	• Logical Framework and activity plan prepared by the municipality.	• Logical Framework and a two-year activity calendar prepared jointly with the municipal health managers and staff for the entry grant as well as DIP period.	
	• Valid utilization of the MOHFW monitoring and evaluation system.	• Municipal health MIS has been reviewed to incorporate MOHFW and other stakeholders' monitoring system.	
	• Municipality supervisory level management ability developed.	• Municipal Supervisors/ mangers trained on -supportive supervision and health services management. - planning and facilitation skill..	They are found to manage the program more efficiently now than before
	• Field workers managed work planning and monitoring system.	• All field workers are preparing monthly work plan and many are complying with it.	Sustained support will require to make it a system
	• Introduction of IMCI reporting system **	• IMCI has not yet been operationalized in field. It is under adaptation process at national level.	
	• Adaptation of TBA monitoring system***	• Workshops wit stakeholders organized to initiate a TBA supervision/ Monitoring / referral system. It is still at an embryonic stage in both the municipalities.	There is no TBA supervision system built in Bangladesh.

* Indicates Municipality staff's activities
** Indicates Government curative care facilities
*** Indicates 50 bed and 31 bed hospitals in Saidpur and Parbatipur respectively

Narrative summary	Entry Grant Log Frame Indicators	Progress towards achievements	Comments
	Important intervention indicators for the municipality would include		
	• Increased awareness of the function and importance of immunization and vitamin A.	• Awareness among the municipal representatives and health staff has increased on their new role of health services delivery as reflected in different actions taken by them. Community people have also demonstrated their interest through participating in different health events.	
	▪ Developed an EPI defaulter follow up system	• An EPI defaulter follow up system along with a mechanism to monitor validity coverage developed.	After one year of entry grant, the Mymensingh CSP was moved to Parbatipur.
	• Increase EPI coverage from 77% to 85% in Mymensingh and 66% to 75% in Saidpur*	• Coverage for set EPI will be assessed through a post EG program evaluation between Dec-Jan 00-01	
	• Increase Vit. A coverage from 92% to 95% in Mymensingh and 90% to 95% in Saidpur*	• do	Adoption of IMCI at national level has been dome, Govt. yet to decide its
	• 50 % of caretakers utilize danger signs and caring practices*	• IMCI has not yet been implemented. Program is hopping to start community IMCI in the next phase (DIP) of program	operational mechanism at field especially in urban locations
	• Correct diagnosis and treatment according to IMCI guidelines for under 5 years children on 60% of cards**	• do	Achievements in the quantitative indicators can be observed in the proposed entry grant evaluation.
	• Safe delivery by Trained TBAs increased by 30 % from base of 1998***	• 73 TBAs received basic trg. • Refresher trg being provided • Community Awareness being developed to use trained TBAs	
	• Early referral for 70% of complications***	• TBAs being linked to referral centers • Building community awareness and linking them to govt/NGO providers	do
	• Awareness increased on birth spacing by 20% from base of 1998*		do
	• Use of safe delivery techniques by population increased by 20 % from base*		
	• 80% of monitoring data accurately compiled for all the above indicators.	• Municipal staff being provided on job trg. (OJT) to improve monitoring skill Mechanism being built to include service provided by informal sector, i.e. TBAs	

Narrative summary	Entry Grant Log Frame Indicators	Progress towards achievements	Comments
Institutionalized and well managed activities 1.EPI (Year 1 October 1998)	Effective EPI Service: • Cold chin maintained from receipt to administration. • Sterility and hygiene maintained during sessions • Correct dosage according to age and time for 100% of the groups. • Accurate recording and reporting	Effective EPI service: • Systems to monitor Cold chain receipt to administration being established • Health staff being trained on job on by FT • Regular disbursement of fund for fuel/ logistics from municipality ensured • Sterilization has been made compulsory by chairman before each session • On job trg. being provided by FTs • Municipal staff being trained and monitored • Municipal staff are being trained (OJT) to follow accurate recording and reporting system by FTs.	Municipal Supervisor being trained to supervise the technical management of all these interventions Level of accuracy will be determined by the gap between the routine and survey data during the post EG evaluation
2. Vitamin A (Year 1 March 1999)	Introduction and institutionalization of Vitamin A: • Facilitation of twice yearly campaigns. • Correct dosage according to age and condition. • Recording and reporting according to MOHFW system.	Introduction and institutionalization of Vitamin A: • Facilitated organizing 4 campaigns in Saidpur, 2 in Mymensingh and 2 in Parbatipur • On the job training to municipal health staff on correct recording and reporting procedure as per MOHFW guideline is being supported by Concern staff.	
3. IMCI initiative (Year 2 October 1999)	Introduction and Institutionalization of IMCI at first and community level: • First level clinical staff trained and supported according to IMCI guidelines. • Community approach introduced and implemented by municipality staff. • Community especially care takers aware of danger signs, service and follow up care. • Introduction and institutionalization of IMCI record and reporting system.	Introduction and institutionalization of IMCI first and community level • IMCI yet to be introduced at field by MOHFW in Bangladesh. It is under adaptation process. • TBAs, CHVs, teachers, RMPs are identified, oriented and being involved in health promotional (HP) activities. • Will be addressed as IMCI introduced. • IMCI record and reporting system will be introduced as IMCI started.	A provision has been kept in DIP to improved the quality at the referral sites for IMCI services

Narrative summary	Entry Grant Log Frame Indicators	Progress towards achievements	Comments
4. Sustainable community health and family planning promotion (October 1998)	<u>Social mobilization structure developed and institutionalized for Vitamin A, EPI, IMCI, birth spacing and safe delivery:</u> • Political and community health awareness sub committee.	<u>Social mobilization structure development and institutionalization</u> • Formation of Ward Health Committees(WHC) is underway. 4 committees already formed. • Municipal central health committee also formed • Community health resources, individuals and leaders have identified and informed on CSP related issues through different activities.	WHC sit regularly Central committee occasionally. Efforts being provided to make these regular and productive.
	• Political and community leaders aware of these health issues.	• 172 CHV, 73 TBAs, teachers, 34 commissioners and chairmen (public representatives) trained and being utilized on HP . A number of women and men groups being provided health education every day regularly by municipality and informal health service providers	
	• Community volunteer system developed and actively delivering basic advise on service availability.		Each CHV is allocated a number of homes for HP
	• 'Loudspeakers' and media provide supportive messages. • National issue days observed.	• 16 Bill boards, 35 wall paintings done, 20 Cinema slides on CSP Prepared/being shown at different cinemas, 73 sessions of folk songs in community organized , loud speakers being utilized for campaigns.	
	• Municipality team developed to maintain community structure.	• Regular contact being made with CHV,TBAs, teachers • Community men/women groups being regularly addressed • Other groups being met through ward committees	A continuous system for interaction/ dialogue being developed
	• Municipality staff deliver health education and counseling on selected issues	• Municipal staff, volunteers, TBAs trained on facilitation skill and HP. • Municipal staff plan for a number of community health education sessions every week • Counseling being promoted at service delivery spots	FTs providing support to Municipal staff to ensure quality and to make it a regular activity.
Competent and independent Municipality staff and supervisors.	• Trained, supported and motivated staff.	• Regular OJT and needs based insti - -tutional training being provided to improve their skill and capacity • Institutional learning is being recorded and shared with municipal and other stakeholders for accelerating motivation and team building .	

Annex II

Activities performed during the entry grant period as per plan:

At the beginning of the program an exhaustive activity plan was developed jointly by Concern and municipal staff. The activities performed against the plan and deviations are explained in the table below:

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
1.	**Developed municipality health planing system**	**Sign MoU**	done	Under process	Parbatipur municipality gave letter of consent. Formal MoU will be signed for DIP phase.
		Program orientation for partners, stakeholders and Concern staff	done	done	Several meetings were held in Mymensingh, Saidpur and later on in Parbatipur.
		Municipality ward profile compilation	done	done	Relevant information were collected jointly with municipality staff.
		Stakeholder analysis	done	done	Jointly done with municipality staff
		KPC survey	done	done	Municipality staff were involved in all phases of study. Conducted by an independent research organization, ACPR.
		PLA	done	done	Conducted by Concern ODU in Saidpur and AFHR (an independent research organization) in Parbatipur .
		HICAP	done	done	Conducted by Concern ODU in both places.
		EPI facility assessment	done	done	Personnel from MoH and a research agency (READ) were involved in data collection, analysis and report preparation.

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
		KAP- FGD	done	done	Conducted by CSP staff
		Municipality staff training on KPC survey techniques	done	done	Saidpur municipality supervisor attended the formal training session organized by ACPR . Other staff in both places were oriented before conducting the survey.
		Review municipality HMIS	Partially done	Partially done	Review of existing forms and registers used by municipalities has been done. That of other stakeholders is being reviewed.
		Establish monthly activity review and planning meeting at municipality health department.	Initiated	Initiated	It is more regular in Saidpur than in Parbatipur. Sustained efforts will be needed to regularize it in both the municipalities.
		Monthly review meeting with all stakeholders(inter agency meeting)	Initiated not regular	not regular	Meetings are usually held prior to any special events e.g. NID, national health issue days etc. Both the teams are putting efforts to regularize it.
		Logical framework CSP	done	done	DIP logframe done jointly with staff of both municipalities
		Research finding dissemination and sharing	done	done	Most of the stakeholders at project level were present at the seminar. Yet to be done at national level.
		Training of municipality chairman and ward commissioners on their roles and responsibilities in health services management.	done	done	This training has been found beneficial to improve their attitude/ interest towards health program

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
		Learning visit to CARE-West Bengal (India) health project for municipality commissioners and supervisor (3 from each municipality)	Under process	Under process	The trip has been postponed due to sudden flood in West Bengal. It will be done once the situation improves
		Support to improve the working environment of municipality health office.	being supported as per plan.	being supported as per plan.	Its a continuous process. Some furniture/equipment were provided by Concern. Municipalities have also allocated extra spaces for their health departments
2.	**Institutionalized & well managed activities**				
	EPI	Institutional refresher training on EPI for municipality health staff	One trg. done	not yet done	Arrangement being made with MOH to organize one annual ref. trg. on EPI for both municipalities
		On job support to quality improvement for sterilization, cold chain maintenance, vaccine administration, dose, etc.	being supported as per plan.	being supported as per plan.	Concern FT/TLs making a number of joint trips to outreach and fixed centers every week and providing support to municipal staff for quality improvement.
		Support to observe NID, MNT campaign	being supported as per plan.	being supported as per plan.	Support being provided for better planning, quality improvement and social mobilization.
		On job support for improving record keeping.	being supported as per plan.	being supported as per plan.	Support being provided at outreach/ community sites and also in record keeping and preparation of monthly reports.
	Vitamin -A	Refresher training of municipality staff and supervisors on vitamin A	One trg. done	not yet done	Arrangement being made with MOH to organize one annual ref. trg. on EPI for both municipalities
		On job support to improve quality of service	being supported as per plan.	being supported as per plan.	Concern field trainers provide support at outreach and fixed centers for quality improvement.
		On job support to improve record keeping	being supported as per plan.	being supported as per plan.	Support being provided at outreach/ fixed centers and also during preparation of monthly reports.

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
	IMCI	Participate in IMCI adaptation process at national level			Program manger is involved in the adaptation process as an active member of adaptation committee.
		Attend IMCI sub group meetings			Program Manager attended all the relevant meetings and workshops of IMCI adaptation.
		Staff orientation and training on IMCI			IMCI yet to operationalize by govt.
		Training on ARI, Diarrhea and Malnutrition.			Kept provision in DIP. Will be done once the IMCI protocol is operationalized by the govt.
	Safe delivery	TBA identification and basic training (Total 72, Saidpur 48 and Parbatipur 24)	done	done	Total 73 TBAs were trained. 49 in Saidpur and 24 in Parbatipur.
		TBA refresher training and follow up	being provided as per plan.	being provided as per plan.	TBAs are being provided with refresher training every month.
		TBA workshop	done	done	To develop referral linkage between TBA and formal service providers. Representatives from MoH, municipality and NGOs facilitated the w/s.
3.	**Sustainable community health promotion system**	Ward health committee (WHC) formation	Partially done	Partially done	3 WHCs in Saidpur and 1WHC in Parbatipur have been formed. Others are in process. Support being provided to make these committees functional and useful.
		Orientation & training of WHC members on roles and responsibilities and basic health messages	partially done	partially done	Planned in DIP
		Institutional Training of municipality staff and supervisors on health promotion	done as per plan	done as per plan	All 22 staff from Saidpur and 14 from Parbatipur attended the training. Much effort being put to provide on job training
		Community health volunteers (CHV) identification and recruitment.	done	done	180 volunteers were selected. 100 For Saidpur and 80 for Parbatipur.
		CHV training on basic health messages	done	done	Target was 180 but achieved 172. Saidpur 106 and Parbatipur 66.

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
		Training of ALP teachers		done	They are not available in Saidpur. Planned only for Parbatipur.
		On job training of municipality staff on health education/BCC activities	Being done	Being done	FTs provided on job support to municipality staff during social mobilization in the community.
		Health awareness through folk songs, billboards, wall paintings, cinema slide show etc	Being done	Being done	Organized jointly with municipality.
		Support to observe health issue days (World health day, breast feeding week, safe mother hood day, world AIDS day, nutrition week etc.)	Being done	Being done	Municipality organizes and Concern supports.
		Support Seminar on HIV/AIDS organized by a local club	done		Planned only for Saidpur
		Support to develop coordination with other service providers at municipality	Being done	Being done	Municipalities have started arranging formal meetings.
4.	**Competent and independent municipality staff and supervisors**	Institutional training on supportive supervision for the municipality supervisors	done	Under process	1 supervisor attended the training from Saidpur. For Supervisor of Parbatipur it has already been scheduled.
		Institutional Training on facilitation skills for municipality supervisors	done	done	1 from Saidpur and 3 from Parbatipur attended the training organized by Concern
		On job training of municipality staff and supervisors on their day to day work	Being done	Being done	Support being provided at outreach and fixed centers and during health promotion activities in community.
	Concern Staff development	Staff recruitment and orientation	done	done	TL recruitment was delayed due to difficulties in getting right people to work in remote areas.
		CSP annual workshop	done		Once in a year with all CSP staff to review progress and future planning.
		Collaboration and networking with local and national level stakeholders (USAID, IOCH/MSH, UFHP, MoH, MoLGRD, BRAC)	Being done		

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
		DIP preparation	done	done	Extensive participation of partners and all stakeholders was ensured.
		EG six monthly, annual, EG final report	done	done	
		Quarterly financial report to USAID	done	done	
		Health back stop support	done	done	Visited 5 times.
		Financial & administration backstop support	done	done	Visited 3 times. Average length of stay 2weeks.
		Training on IMCI in Nepal organized by WHO-SEARO, UNICF and MoH Nepal.	done		Program Manager participated
		TOT on Integration of reproductive health in CS activities in Dhaka	done		Program Manager participated
		Training on " Program for development managers" for Program Officer.	done		Organized by Asian Institute of Management in Philippines.
		TOT for Training officer	done		7- day training organized by BASC
		Epidemiology and Bio statistics training for Research officer	done		ICDDR,B organized the training.
		Training on development management for TLs	done	done	2 weeks training organized by BRAC
		Training on facilitation skills for field trainers	done	done	10- day training organized by Concern
		Gender training for Research assistant	done		To be done for Parbatipur
		Institutional basic Training on monitoring and evaluation for Research assistants	done	done	Organized by BRAC
		Training on office English for TLs	done	done	
		Training on management of severely malnourished children	done	done	1 FT from each project attended the training organized by ICDDR,B
		Training on KPC survey technique for field trainers	done	done	2 Field Trainers attended with municipality supervisor organized by ACPR
		Training on PLA survey technique for field trainers	done	done	3 field trainers attended organized by Concern.

SL	Output	Planned activities	Actual performance		Comments /Remarks
			Saidpur	Parbatipur	
		Training on Supervision and monitoring for field trainers.	not done	not done	Appropriate training course was not available and re-planned in DIP
		Training on community empowerment for both concern and municipality staff	Yet to be done	Yet to be done	Planned in DIP
		Attend annual CORE workshop in USA	done		Program Manager and Training Officer participated along with health backstop in 1st and 2nd year respectively
		Attend 4th Annual Child Survival workshop on 'Community Empowerment' organized by CARE in Dhaka.	done		Program Officer attended the workshop.

Annex III
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